

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES  
MEDICAL ASSISTANCE ADMINISTRATION  
Olympia, Washington**

**To:** Durable Medical Equipment (DME) Providers  
Pharmacists  
Managed Care Plans

**Memorandum No.: 05-82 MAA**  
**Issued:** October 27, 2005

**From:** Douglas Porter, Assistant Secretary  
Medical Assistance Administration

**For information contact**  
1-800-562-3022

**Subject: Nondurable Medical Supplies and Equipment (MSE): Fee Schedule  
Correction**

**Retroactive for dates of service on and after July 1, 2005**, this memorandum revises the following:

- The reimbursement and criteria for Belts, Braces, and Supportive Devices (procedure codes A4490, A4500, A4510, and criteria only for L8210) and
- The reimbursement and criteria for Miscellaneous Supplies procedure code A4927 and description only for A4930.

Revised fee schedule pages and HCFA-1500 claim form instructions are attached to this memorandum.

### **Billing Instructions Replacement Pages**

Attached are replacement pages G.23 – G.26, I.5 – I.6, and J.7 – J.8 for MAA's current *Nondurable Medical Supplies and Equipment Billing Instructions*.

Bill MAA your usual and customary charge.

### **Resubmitting Claims**

Do not resubmit claims that have already been paid. MAA will adjust the claims that have been paid or billed to date, if necessary.

## Contact Information

### Send reimbursement issues, questions, or comments to:

DME Manager  
Office of Professional Reimbursement  
Division of Business and Finance  
PO Box 45510  
Olympia, Washington 98504-5510  
(360) 725-1845  
Fax # (360) 753-9152

### Send authorization issues, questions, or comments to:

Durable Medical Equipment Program Management  
Unit (DMEPMU)  
Medical Assistance Administration  
Division of Medical Management  
PO Box 45506  
Olympia Washington 98504-5506  
(800) 292-8064  
Fax # (360) 586-5299

## How do I access WaMedWeb?

<http://wamedweb.acs-inc.com>

## How can I get MAA's provider issuances?

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

## Nondurable Medical Supplies and Equipment (MSE)

**Note: When using modifier 59, refer to section G for appropriate utilization.**

T4536	RR	Incontinence product, protective underwear/pull-on, reusable, any size, each. <b>Maximum of 150 pieces allowed per client, per month (age 3 and up).</b> Included in nursing facility daily rate. <b>Modifier RR required. Not allowed in combination with any other disposable diaper or pant or rental, reusable diaper or pant.</b>	\$0.76
T4537	NU	Incontinence product, protective underpad, reusable, bed size, each. <b>Limit 42 per year.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code T4541, T4542, or T4537 (RR).</b>	\$14.07
T4537	RR	Incontinence product, protective underpad, reusable, bed size, each. <b>Limit 90 per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code T4541, T4542, or T4537 (NU).</b>	\$0.45
T4538	RR	Diaper service, reusable diaper, each diaper. (age 3 and up). <b>Maximum of 240 diapers allowed per client per month. Medical exceptions to maximum quantity or age limitation require prior approval.</b> Included in nursing facility daily rate. <b>Modifier RR required. Not allowed in combination with any other disposable diaper or pant or rental reusable diaper or pant.</b>	\$0.75
T4539	NU	Incontinence product, diaper/brief, reusable, any size, each. (age 3 and up). <b>Maximum of 36 diapers purchased per client per year. Medical exceptions to maximum quantity or age limitation require prior approval.</b> Included in nursing facility daily rate. <b>Modifier NU required.</b>	\$2.73
T4540		Incontinence product, protective underpad, reusable, chair size, each.	#
T4541		Incontinence product, disposable underpad, large, each. <i>For use on the client's bed only. Requires a minimum underpad size of 810 square inches.</i> <b>Maximum of 180 pieces allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code T4537 (NU) or T4537 (RR).</b> <i>Minimum size requirement effective retroactive to dates of service on and after January 1, 2005.</i>	\$0.36
T4542		Incontinence product, disposable underpad, small size, each. <b>Maximum of 180 pieces allowed per client per month.</b> Included in nursing facility daily rate. <b>Not allowed in combination with code T4537 (NU) or T4537 (RR).</b> <i>Noncovered status effective for dates of service on and after April 1, 2005.</i>	#

## Nondurable Medical Supplies and Equipment (MSE)

### BRACES, BELTS, AND SUPPORTIVE DEVICES

*Billing provision limited to one (1) month's supply.*

A4490	<b>Updated</b> Surgical stocking above knee length, each. Maximum of <b>2 pair</b> allowed per client per 6 months. <b>(Payment is based on each leg. If billing for one pair, enter 2 units for a maximum of 4 units for 2 pairs.)</b>	<b>\$28.10</b>
A4495	<b>Updated</b> Surgical stocking thigh length, each. Maximum of <b>2 pair</b> allowed per client per 6 months. <b>Payment is based on each leg. If billing for one pair, enter 2 units for a maximum of 4 units for 2 pairs.</b>	<b>\$28.10</b>
A4500	<b>Updated</b> Surgical stocking below knee length, each. Maximum of <b>2 pair</b> allowed per client per 6 months. <b>Payment is based on each leg. If billing for one pair, enter 2 units for a maximum of 4 units for 2 pairs.</b>	<b>\$21.22</b>
A4510	<b>Updated</b> Surgical stocking full length, each. (Pantyhose style) Maximum of <b>2 pair</b> allowed per client per 6 months. <b>(Payment is based on one pair. When billing, 1 unit equals one pair, for a maximum of 2 units for 2 pairs.)</b>	<b>\$74.94</b>
A4565	Slings. Maximum of two (2) allowed per client per year.	65%
A4570	Splint. Maximum of one (1) allowed per client per year.	65%
E0942	Cervical head harness/halter. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$19.85
E0944	Pelvic belt/harness/boot. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$42.67
E0945	Extremity belt/harness. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$44.32
L8210	<b>Updated</b> Gradient compression stocking, custom made <b>(includes fitting fee).</b>	65%

### DECUBITUS CARE PRODUCTS

*Billing provision limited to one (1) month's supply.*

E0188	Synthetic sheepskin pad. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$26.43
E0189	Lambswool sheepskin pad. Maximum of one (1) allowed per client per year. Included in nursing facility daily rate.	\$44.17
E0191	Heel or elbow protector, each. Maximum of four (4) allowed per client per year. Included in nursing facility daily rate.	\$8.49

### TRANSCUTANEOUS ELECTRICAL NERVE STIMULATOR (TENS) SUPPLIES

*Billing provision limited to one (1) month's supply.*

A4556	Electrodes, pair.	\$10.32
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## Nondurable Medical Supplies and Equipment (MSE)

A4557	Lead wires, e.g., apnea monitors, TENS, pair.	\$17.94
A4558	Conductive paste or gel.	\$5.45
A4595	Electrical stimulator supplies, 2 lead, per month, (TENS, NMES), (includes electrodes (any type), conductive paste or gel, tape or other adhesive, adhesive remover, skin prep materials, batteries (9 volt or AA, single use or rechargeable), and a battery charger (if using rechargeable batteries). <b>Maximum of two (2) per month allowed with patient-owned 4-lead TENS unit.</b>	\$28.81
A4630	Replacement batteries for medically necessary transcutaneous electrical nerve stimulator (TENS) owned by patient.	\$6.25

### MISCELLANEOUS SUPPLIES

*Billing provision limited to one (1) month's supply.*

A4250	Urine test or reagent strips or tablets (100 tablets or strips).	#
A4265	Paraffin, per pound.	#
A4281	Tubing for breast pump, replacement.	#
A4282	Adapter for breast pump, replacement.	#
A4283	Cap for breast pump bottle, replacement.	#
A4284	Breast shield and splash protector for use with breast pump, replacement.	#
A4285	Polycarbonate bottle for use with breast pump, replacement.	#
A4286	Locking ring for breast pump, replacement.	#
A4290	Sacral nerve stimulation test lead, each.	#
A4458	Enema bag with tubing, reusable.	#
A4561	Pessary, rubber, any type.	#
A4562	Pessary, non rubber, any type.	#
A4633	Replacement bulb/lamp for ultraviolet light therapy system, each.	#
A4634	Replacement bulb for therapeutic light box, tabletop model.	#

## Nondurable Medical Supplies and Equipment (MSE)

**Note: When using modifier 59, refer to section G for appropriate utilization.**

A4639	Replacement pad for infrared heating pad system, each.	#
A4927	<b>Updated</b> Gloves, non sterile, per box of 100. Included in nursing facility daily rate and in Home Health Care rate. <b>1 unit = box of 100; Effective with date of service on or after July 1, 2005, quantities exceeding 9 units per month require prior authorization.</b>	<b>\$6.55</b>
A4928	Surgical mask, per 20.	#
A4930	<b>Updated</b> Gloves, sterile, <b>per pair</b> . Included in nursing facility daily rate and in Home Health Care rate.	<b>\$0.60</b>
A4931	Oral thermometer, reusable, any type, each.	#
A4932	Rectal thermometer, reusable, any type, each.	#
A6000	Non-contact wound warming wound cover for use with the non-contact wound warming device and warming card.	#
A6410	Eye pad, sterile, each. <b>Maximum of 20 allowed per client, per month.</b> Included in nursing facility daily rate.	\$0.39
A6411	Eye pad, non-sterile, each. <b>Maximum of 1 allowed per client, per month.</b> Included in nursing facility daily rate.	\$2.35
A6412	Eye patch, occlusive, each.	#
T5999	Supply, not otherwise specified. ("Sharps" disposal container for home use, up to one gallon size, each. <b>Limit two per month</b> ). Included in nursing facility daily rate. <i>EPA 870000863 must be used when billing this item.</i>	\$3.85
T5999	Supply, not otherwise specified. (Lice comb, such as LiceOut,™ LeisMeister,™ or combs of equivalent quality and effectiveness). <b>Maximum of one (1) allowed, per client, per year.</b> Included in nursing facility daily rate. <b>EPA 870000861 must be used when billing this item.</b>	\$8.91
A9180	Pediculosis (lice infestation) treatment, topical, for administration by patient/caretaker (for use with lice combs, per 8 oz. bottle. <b>Maximum of one (1) bottle allowed per client per year</b> ). Included in nursing facility daily rate.	\$11.98
T5999	Supply, not otherwise specified. Durable Medical Equipment Miscellaneous. (Other medical supplies not listed). <b>Prior Authorization is required.</b>	65%
S8265	Haberman feeder for cleft lip/palate.	65%

**End of fee schedule**

## Nondurable Medical Supplies and Equipment (MSE)

**24F. \$ Charges:** Required. Enter your usual and customary charge for the service performed. If more than one unit is being billed, the charge shown must be for the total of the units billed. Do not include dollar signs or decimals in this field. Do not add sales tax. Sales tax is automatically calculated by the system and included with your remittance amount.

**24G. Days or Units:** Required. Enter the total number of days or units (up to 999) for each line. These figures must be whole units.

**25. Federal Tax I.D. Number:** Leave this field blank.

**26. Your Patient's Account No.:** Not required. Enter an alphanumeric ID number, i.e., a medical record number or patient account number. This number will be printed on your Remittance and Status Report under the heading *Patient Account Number*.

**28. Total Charge:** Required. Enter the sum of your charges. Do not use dollar signs or decimals in this field.

**MAA does not accept "continued" claim forms. Each claim form must be totaled separately.**

**29. Amount Paid:** If you receive an insurance payment or client-paid amount, show the amount here, and attach a copy of the insurance EOB. If payment is received from source(s) other than insurance, specify the source in *field 10d*. Do not use dollar signs or decimals in this field or put Medicare payment here.

**30. Balance Due:** Required. Enter balance due. Enter total charges minus any amount(s) in *field 29*. Do not use dollar signs or decimals in this field.

**33. Physician's, Supplier's Billing Name, Address, Zip Code and Phone #:** Required. Put the *Name*, *Address*, and *Phone #* on all claim forms.

**PIN #:** Required. Enter the individual provider number; this is the 7-digit number assigned to you by MAA for:

A) An individual practitioner (solo practice); or

B) An identification number for individuals only when they are part of a group practice (see GRP # below)

**GRP #:** Required. This is the 7-digit number assigned by MAA to a provider group that identifies the entity (e.g., clinic, lab, hospital emergency room, etc.). When a valid group number is entered in this field, payment will be made under this number.

**Note:** Certain group numbers may require a PIN # in addition to the GRP #, in order to identify the performing provider.

**Sample HCFA-1500 Form**

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## Nondurable Medical Supplies and Equipment (MSE)

30. **Balance Due:** Required. Enter the **Medicare Total Payment.** Enter the amount as shown on Medicare's Remittance Notice or Explanation of Benefits. If you have more than six (6) detail lines to submit, please use multiple HCFA claim forms (see field 24) and calculate the Medicare payment based on the lines on each form. **Do not include coinsurance here.**

32. **Name and Address of Facility Where Services Are Rendered:** Required. Enter Medicare Statement Date **and** any Third-Party Liability Dollar Amount (e.g., auto, employee-sponsored, supplemental insurance) here, if any. If there is insurance payment on the claim, you must also attach the insurance Explanation of Benefits (EOB). **Do not include coinsurance here.**

33. **Physician's, Supplier's Billing Name, Address, Zip Code and Phone #:** Required.

**PIN #:** Required. Enter the individual provider number, this is the 7-digit number assigned to you by MAA for:

- A) An individual practitioner (solo practice); or
- B) An identification number for individuals only when they are part of a group practice (see GRP # below)

**GRP #:** Required. This is the 7-digit number assigned by MAA to a provider group that identifies the entity (e.g. clinic, lab, hospital emergency room, etc.). When a valid group number is entered in this

field, payment will be made under this number.

**Note:** Certain group numbers may require a PIN # in addition to the GRP number, in order to identify the performing provider.

**Sample Medicare Part B/Medicaid Crossover Form**

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